Wisconsin Rapids Figure Skating Club Test Application
Test Session: Friday, August 20 and Saturday, August 21, 2010

Name: _____ USFSA #_____

E-Mail Address: _____ Home Club_____

Indicate the tests you want to take by checking the appropriate box

Moves in the Field			**Freestyle**		
Pre-Preliminary	$25.00		Pre-Preliminary	$25.00	
Preliminary	$30.00		Preliminary	$30.00	
Pre-Juvenile	$35.00		Pre-Juvenile	$35.00	
Juvenile	$40.00		Juvenile	$40.00	
Intermediate	$45.00		Intermediate	$45.00	
Novice	$50.00		Novice	$50.00	
Junior	$55.00		Junior	$55.00	
Senior	$60.00		Senior	$60.00	

Total MIF: _____ **Total Freestyle**: _____

DANCE

Preliminary	**Test**	**Partner**	**Total**		**Pre-Bronze**	**Test**	**Partner**	**Total**	
Dutch Waltz	$25.00	$15.00	$40.00		Fiesta Tango	$25.00	$20.00	$45.00	
Canasta Tango	$25.00	$15.00	$40.00		Cha-Cha	$25.00	$20.00	$45.00	
Rhythm Blues	$25.00	$15.00	$40.00		Swing	$25.00	$20.00	$45.00	
Bronze	**Test**	**Partner**	**Total**		**Pre-Silver**	**Test**	**Partner**	**Total**	
Willow Waltz	$35.00	$20.00	$55.00		14 Step	$40.00	$20.00	$60.00	
Ten Fox	$35.00	$20.00	$55.00		European Waltz	$40.00	$20.00	$60.00	
Hickory	$35.00	$20.00	$55.00		Foxtrot	$40.00	$20.00	$60.00	
Silver	**Test**	**Partner**	**Total**		**Pre-Gold**	**Test**	**Partner**	**Total**	
American Waltz	$45.00	$25.00	$70.00		Killian	$50.00	$25.00	$75.00	
Tango	$45.00	$25.00	$70.00		Blues	$50.00	$25.00	$75.00	
Rocker Foxtrot	$45.00	$25.00	$70.00		Paso Doble	$50.00	$25.00	$75.00	
Gold	**Test**	**Partner**	**Total**		Starlight Waltz	$50.00	$25.00	$75.00	
Viennese Waltz	$55.00	$30.00	$85.00						
Westminster Waltz	$55.00	$30.00	$85.00		**International List Dance:**	**Test**	**Partner**	**Total**	
Quickstep	$55.00	$30.00	$85.00			$60.00	$35.00	$95.00	
Argentine Tango	$55.00	$30.00	$85.00						

Total Dance Fees: _____

For available partner practice times and fees contact Chris Pulchinski at 715-435-4369 or 715-459-5698.
Partner practice fees and practice ice fees are not included in this application. ***Partner practice times are limited.***

Total Test Fees (Dance, FS, &MIF)	
Non WRFSC/TFSC/CIFSC ($20.00) Fee	
Judges' Fee	**$10.00**
TOTAL FEES DUE	

For Club Use Only:
Date Received: _____
Check #_____

Wisconsin Rapids Figure Skating Club Test Application
Test Session: Friday, August 20 and Saturday, August 21, 2010
South Wood County Recreation Center
Application Deadline: August 15, 2010

Skater's Name: _____ USFSA#_____

E-mail Address: _____Telephone#_____

Parent's Name: _____ Home Club_____

Address: _____City: _____Zip Code: _____

Important Note: All coaches must be officially registered with US Figure Skating. If your coach is going to be present at the session, he/she must appear on the list of coaches on the US Figure Skating website who have completed a background screen and shown proof of liability insurance.

Coach's Name: _____Coach's E-mail: _____

Coach's Name: _____Coach's E-mail: _____

I hereby certify that the above information is correct and the skater is eligible to take the test(s) requested on this application according to the criteria listed in the current USFSA rulebook

Applicant's Signature: _____

Parent's Signature: _____

Coach's Signature: _____

Non WRFSC Skater's Only:
The following signature of the test chair attests that the above skater is in good standing with their home club and the USFSA and is eligible to test according to the criteria listed in the current USFSA Rulebook.
Test Chairs can email authorizations to kurtkris@wctc.net.

Test Chair Signature: _____
PRINT NAME: _____

Test Fees are NON-refundable without a doctor's written excuse.

Checks should be made payable to: **WRFSC**

Mail completed application, including all required signatures and payment to:

Chris Pulchinski
6878 Dairyland Lane
Rudolph, WI 54475
715-435-4369

You will receive confirmation by e-mail from kurtkris@wctc.net. Please allow this address.

Skaters, if you are taking MIF or Free skate Novice, Junior, Senior tests or completing Silver level dance or above, please provide the following information so that we may file a USFS Recognition of Test Achievement Report.

Name of School Principal_____

Name of School_____

School Address/City/State/Zip_____